

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 1ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP		
1	/						51	
2	/						52	
3	/						53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	-
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	/						TOTAL IND.	
TOTAL DEP.	/	↔		↔		↔	TOTAL DEP.	
TOTAL CLAIMS	2						TOTAL CLAIMS	